



**County of Lake  
Community Development Department**

255 North Forbes Street, Lakeport, CA 95453  
Telephone: 707/ 263-2309 Fax: 707/ 263-2225

**Case #** \_\_\_\_\_  
**Date Rec'd** \_\_\_\_\_  
**Logged by:** \_\_\_\_\_  
**Rec'd by:** \_\_\_\_\_

COMPLAINT FORM

**This is a public document and subject to disclosure under the Public Records Act.  
If you wish your identity to remain confidential, this form may be filed anonymously.**

LOCATION OF COMPLAINT

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Property owner's name, if known: \_\_\_\_\_

Nearest cross street: \_\_\_\_\_

If address is unknown, please provide addresses of adjacent properties and draw map on reverse side of form.

NATURE OF COMPLAINT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This complaint must be signed, with your phone number and your mailing and physical addresses. Please type or clearly print all information.

Every effort will be made by this division to keep the information herein confidential within the limits of existing law.

Your testimony may be necessary in order to prosecute this case if it requires court action. Would you be willing to provide this testimony in court? YES \_\_\_\_\_ NO \_\_\_\_\_

COMPLAINANT'S INFORMATION

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number : ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

If there are additional complainants who wish to file, please take additional Complaint Forms for them to complete. Thank you.